

**EMPLOYMENT TRAINING PANEL (ETP)
REQUEST FOR ELIGIBILITY DETERMINATION (RED)**

Single Employer

Purpose of this form: The Request for Eligibility Determination (ETP 002) is used by a single employer to request a determination of their eligibility for ETP funds.

A group of employers, a training agency, Workforce Investment Board, or a Grant Recipient should use the Request for Eligibility Determination (ETP 003).

If you have any questions or concerns regarding the RED, or the attached instructions, please contact the nearest ETP Regional Field Office at the address below:

***Northern California*
Employment Training Panel
1100 J Street, 5th Floor
Sacramento, CA 95814
(916)327-5582**

***San Diego Area*
Employment Training Panel
5333 Mission Center Rd., Suite 300
San Diego, CA 92108
(619)686-1920**

***San Francisco Bay Area*
Employment Training Panel
177 Bovet Road, Suite 180
San Mateo, CA 94402
(650)655-6930**

***Greater Los Angeles Area*
Employment Training Panel
4640 Lankershim Blvd., Suite 311
North Hollywood, CA 91602
(818)755-1313**

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Reference No: _____

Company Name: _____			
Address: _____			
Street	City ()	State ()	Zip Code
County	Telephone	FAX	Website ()
Company Rep.: _____		Telephone	
Authorized Agent: _____ (Please attach valid agency agreement.)		()	
Name	Title	Telephone	
California Employer Account Number: ____ - ____ - ____ (From the DE6 Quarterly Contribution Return Form)			
Number of Full -Time /Year Round Employees Worldwide: _____			

1. Orientation _____ Attendance Date _____ Location _____

2. Does your company an active Agreement with the ETP? ☐ Yes ☐ No

If yes, cite the Agreement number(s) and provide the most current available Agreement performance statistics below:

Agreement Number: _____
Current Number of Trainees Enrolled: _____
Current Number of Trainees Completed Training: _____
Current Number of Trainees Completed Post Training Retention Period: _____

3. Is your company primarily engaged in manufacturing? ☐ Yes ☐ No
(See the Request for Eligibility Determination (RED) Instructions.)

If yes to question 3, answer questions 8, 9 and 10. Then STOP. Sign and date item 4 below and submit to ETP per instructions on page 2.

If no to question 3, answer questions 5, 6, 7, 8, 9, and 10. Be sure to provide all the information explained and requested in the corresponding sections of the Request for Eligibility Determination (RED) Instructions.

4. I declare under the penalty of perjury that the statements and information on or attached to this form are true and correct to the best of my knowledge.

Signature of Company Signatory Date

Print or Type Name Title

This form must be submitted within ONE year from the date of your Orientation or from the date the Orientation requirement was waived.

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5. If your company is applying under a section of the Out-of-State Competition Regulation other than manufacturing, check: ☐ A ☐ B ☐ C ☐ D ☐ E

See instructions, Item 5, for documentation required for each corresponding section.

(Title 22, California Code of Regulations, Section. 4416).

- A. Your company provides a service outside of California.
- B. Your company provides services in-state in competition with providers of the same service located outside of California.
- C. Your company is applying as a corporate headquarters that does significant business outside of California.
- D. Your company is a mortgage bank or related institution engaged in the packaging/sales and/or servicing activities related to mortgage loans.
- E. Your company is a destination resort, convention/conference center or convention/conference hotel, which competes nationally and/or internationally for customers.
6. If your company is proposing to develop a training program under the Special Employment Training (SET) provisions, please check: ☐ A ☐ B ☐ C ☐ D ☐ E
(Division 3, Part 1, Chapter 3.5 of the Unemployment Insurance Code, Sections 10214.5 (a))
- A. Frontline Workers Earning at Least the State Average Hourly Wage
- B. Frontline Workers with Multiple Barriers to Employment
- C. Frontline Workers in Industries with Demonstrated Career Paths
- D. Frontline Workers in High Unemployment Areas
- E. Small Business Owners
7. Is your company proposing to develop a training program under the Welfare to Work provisions? ☐ Yes ☐ No
(Division 3, Part 1, Chapter 3.5 of the Unemployment Insurance Code, Sections 10214.7)

**The following questions are intended for assistance in PLANNING PURPOSES ONLY.
Your cooperation is appreciated.**

8. Is your company currently covered by a collective bargaining agreement? If so, please attach the name address and phone number of the collective bargaining agent.
☐ Yes ☐ No
9. Please estimate the number of trainees that you are intending to include in a proposed ETP-Funded Training Program:
10. Please indicate the desired commencement date for the proposed ETP-Funded Training Program:

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This form must be submitted within one year from the date of your Orientation or from the date the Orientation requirement was waived.

Submit two copies of the signed and completed Request for Eligibility Determination (RED) and any additional documentation required to determine eligibility to the address below:

**Attn: Application Review Unit
Employment Training Panel
1100 J Street, Fourth Floor
Sacramento, CA 95814**

Once the completed Request for Eligibility Determination (RED) is received at ETP, a thorough review of your entity's contracting eligibility will begin. Additional information may be requested to clarify eligibility. You will be notified in writing as soon as possible of your eligibility determination.

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INSTRUCTIONS

Company Name

Enter the full name of the company, including any subdivision as appropriate.

Address

Enter the Following Information: Street Address, City, State, Zip Code, County, (Area Code) Telephone Number, (Area Code) FAX Number, and Website Address.

Company Representative

Enter the name, title and phone number of the corporate officer or employee will be working directly with ETP, please provide his/her name, title and phone number.

Authorized Agent

Enter the name, title and phone number of the authorized agent. Please indicate any entity or individual, who while acting on your behalf, will be working with ETP. Additionally, please provide a completed agency agreement along with this document.

Note: ETP staff is prohibited from discussing the Request for Eligibility Determination (ETP002), the results of the determination or any related information with anyone unless they are specifically authorized to do so in writing by the company.

California Employer Account Number (CEAN)

This is an eight-digit account number that identifies your California Unemployment Insurance Tax Account. It can be located on the DE-6 Quarterly Contribution Return Form. Note: if you have more than one account number please provide all related CEANs as they apply to the proposed training. Also include a description of the relationship between the multiple CEANs.

Number of Full-Time/Year-Round Employees Worldwide

Please indicate the number of full-time, year round employees employed by your company or corporation worldwide. Please include all full-time, year round employees of any corporate subsidiaries. For the purposes of this section, a company may not be considered a small business if it is a subsidiary of a corporation with more than 100 full-time year round employees.

Single Employers with less than 100 full-time year round employees may be eligible for specific exemptions to provisions within the ETP contracting process, as part of an increased level of services to small business in California. For further clarification of the definition of a Small Business please refer to Title 22, California Code of Regulations, Section 4400(w).

1. Orientation

Provide the date and location of your Orientation.

2. Does your company have an active Agreement with the ETP?

If yes, **Provide** the Agreement number(s) and most current available Agreement statistics for the number of trainees enrolled, the number of trainees having completed ALL ETP funded training, and the number of trainees having completed the post-training retention period.

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If you have an active Agreement, but are unable to provide the Agreement Number, you may **Request** specific Agreement information your current ETP Monitoring Analyst or in writing from the ETP Planning and Research Unit, Manager at the address below:

Employment Training Panel
Attn: Planning and Research Unit
1100 J Street, Fourth Floor
Sacramento, CA 95814

In your written request, **include** the following: Company Name, Address, and CEAN and any other specific details relating to the identity of your company with the request.

3. Is your company primarily engaged in manufacturing activities?

Answer "Yes", if your company is *primarily* engaged in manufacturing activity, as defined by the following:

A manufacturer is defined as an establishment engaged in the mechanical or chemical transformation of materials or substances into new products. These establishments are usually described as plants, factories, or mills and characteristically use power driven machines and materials handling equipment. Establishments engaged in assembling component parts of manufactured products are also considered manufacturing if the new product is neither a structure nor a fixed improvement to a structure. Also included is the blending of materials, such as lubricating oils, plastic resins or liquors.

The materials processed by manufacturing establishments include products of agriculture, forestry, fishing, mining, and quarrying as well as products of other manufacturing establishments. The new product of a manufacturing establishment may be finished in the sense that it is ready for utilization or consumption, or it may be semi-finished to become a raw material for an establishment engaged in further manufacturing. For example, the product of the copper smelter is the raw material used in electrolytic refineries; refined copper is the raw material used by copper wire mills; and copper wire is the raw material used by certain electrical equipment manufacturers.

The materials used by manufacturing establishments may be purchased directly from producers, obtained through customary trade channels, or secured without recourse to the market by transferring the product from one establishment to another, which is under the same ownership. Manufacturing production is usually carried on for the wholesale market, for interplant transfer, or to order for industrial users, rather than direct sale to the domestic consumer.

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Based on your California Employer Account Number (CEAN), a review of the Standard Industrial Classification (SIC) description is done to substantiate your company's primary business activity. If your SIC description identifies your company's primary business activity to be manufacturing, or an SIC identified by Title 22, California Code of Regulations, Section 4416(c), your company will be deemed to meet the Out-of-State Competition requirement for purposes of Panel funding. No further documentation is required for your company.

If your SIC description does not identify your company's primary business activity as manufacturing, or is identified under Title 22 California Code of Regulations, Section 4416(c), your company will be required to provide additional information about your manufacturing activity prior to meeting the out-of-state competition requirement for purposes of Panel funding. Please include a description of your products and your locations involved in the manufacturing of your products.

4. Signature

Ensure the signature is by a corporate signatory with the authority to sign contracts on behalf of the company.

5. Out-of-State Competition

The following indicates the documentation required for ETP to make an eligibility determination on a company engaged in activities other than manufacturing. Choose the description matching your company's criteria.

A. If your company provides a service outside of California, please provide the following:

A statement that identifies the specific type and location of services provided by your company. This statement should indicate the percentage of total revenue represented by services performed by your California workers outside of California for a period covering the previous operational or calendar year. If available, you may provide printed marketing materials that describe the products or services provided by your company.

B. If your company provides a service solely in California that is directly threatened by providers of the same service located outside of California, please provide the following:

A statement that identifies the specific products or services provided by your company inside California and the specific nature of in-state competition from competitors located outside of California. This statement should also indicate the percentage of total revenue threatened specifically by products produced outside California and sold in State, or by services performed inside California by workers located out of State, for a period covering the previous operational or calendar year. If available, you may provide any printed marketing materials, invoices, contract bidders' list and job summaries, or product lists, or descriptions of specific services provided to your customers that describe the products or services provided by your company.

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- C. **If the proposed training program is intended for the corporate headquarters of a company that does significant business outside of California, please provide the following:**

An organizational chart that identifies the functional relationship of the proposed trainees to that of any Branch Offices including those located outside the state;

A list of the occupations to be trained and a description of the functional relationship between the proposed trainees and any Branch Offices other corporate locations.

- D. **If your company is a mortgage bank or related institution engaged in the packaging/sales or servicing activities related to loans, please provide the following:**

A list of the occupations to be trained and a description of the functions relationship between the proposed trainees and the packaging/sales or servicing activities related to mortgage loans;

An organizational chart that identifies the proposed trainees or functional groups.

- E. **If your company is a destination resort, convention/conference center or convention/conference hotel which competes nationally or internationally for customers, please provide evidence that your company meets one of the three definitions, A, B, or C below:**

- A) Your company is a **destination resort** which is an establishment and its affiliated facilities which:

is a recognized destination, **or** operates in conjunction with, or by virtue of, a destination recreational complex or attraction and has derived at least 25 percent of its gross annual revenue from out-of-state visitor.

"Destination" refers to the establishment, recreational complex, or attraction being itself the primary reason for people traveling to it. A city is not, in and of itself, a destination.

- B) Your company is a **convention/conference center** primarily engaged in holding conventions, conferences, trade shows or exhibits.

- C) Your company is a **convention/conference hotel** which is an establishment deriving at least 25 percent of its gross annual revenue (inclusive of rooms and food/beverage revenues) from conventions, conferences, trade shows or exhibits involving transient lodging requirements.

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To meet any one of the above definitions, your company must also meet and provide documentation for at least three (3) of the following criteria:

- a) Participates in out-of-state sales missions or trade shows;
- b) Routinely conducts out-of-state sales efforts;
- c) Routinely advertises in media in which its out-of-state competitors also advertise;
- d) Contributes financially to joint community based out-of-state marketing efforts;
- e) Maintains and develops a marketing plan which addresses the national or international market; and/or,
- f) Documents that it is in direct competition with similar establishments outside of California.

Your company may be required to provide additional information to demonstrate eligibility as a destination resort, convention/conference center or convention/conference hotel, which competes nationally and/or internationally for customers.

- 6. Special Employment Training (SET) Funding:** SET funding is for training to improve the skills and employment security of frontline workers in projects that do not meet ETP's standard out-of-state competition or trainee eligibility requirements. A company wishing to apply for SET funding must indicate the category(ies) your company is applying under. Your company must be UI eligible. Additional information will be required at a later date to determine the eligibility of your proposed training program. No further explanation or documentation is required at this time.

a) Frontline Workers Earning at Least the State Average Hourly Wage

Trainees are frontline workers in occupations paying at least the state average hourly wage (\$19.24 for calendar year 2001) and in businesses difficult to serve under the Panel's standard project format. Training will result in full-time employment.

b) Frontline Workers with Multiple Barriers to Employment

Trainees have at least two identified barriers to full-time employment which may include physical disability; lack of training, communication skills or literacy; or, other similar factors. Contractor must demonstrate that training will help trainees address barriers. Trainees may earn less than the state average hourly wage, but must earn at least the ETP minimum wage. Training may include literacy skills (up to 100 percent of total vocational skills)

c) Frontline Workers in Industries with Demonstrated Career Paths

Project is developed jointly with the Employment Development Department (EDD) to provide workers in low-wage jobs skills necessary to advance to high paying jobs in industries with career advancement opportunities. Trainees work in industries with demonstrated career paths and clear career advancement structure. Employers must show long-term commitment to training. Training may include literacy skills, up to 100 percent of the total vocational skills. The ETP minimum wage requirement

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may be waived. Trainee retention may be completed with up to two participating employers (up to three employers with Panel approval) in same discreet industry within 120 days if there is evidence of job security after retention.

d) Frontline Workers in High Unemployment Areas

Trainees work in regions where the unemployment rate is significantly higher than the State average. ETP minimum wage requirement may be waived. Trainee retention may be completed with up to two participating employers (up to three employers with Panel approval) within 120 days if there is evidence of job security after retention.

e) Small Business Owners

Owner is registered as a California employer with the Employment Development Department, subject to the UI tax on behalf of the business' employees. Owner employs at least 1, but not more than 9 full-time employees, whose primary duties consist of directly producing or delivering goods or services. Training must be business management and/or other related skills needed to operate a business (i.e. developing a business and/or marketing plan, tax requirements, licensing procedures). Wage requirements are waived since trainees are business owners.

- 7. Is your company requesting the development of a training program under the provisions of Welfare to Work?** The Panel shall allocate funds available in the annual Budget Act for training programs designed for individuals who are currently working and receiving benefits under Chapter 2 (commencing with Section 11200) of Part 3 of Division 9 of the Welfare and Institutions Code or who are currently working and have received CalWORKs (California Work Opportunity and Responsibility to Kids) (Chapter 270, Statutes 1997) benefits within one year of the commencement of the ETP funded training program.

Please note that if your company is intending to pursue funding for any retraining of current employees under the provisions of out-of-state competition, your company may be required to provide additional information to demonstrate eligibility. Please review questions 5 and 6, and provide any pertinent information relating to the proposed training program's additional eligibility categories.

- 8. Is your company currently covered by a collective bargaining agreement?** Please indicate if your company is currently covered by a collective bargaining agreement or other union agreement. If your company is determined eligible to contract with the Panel, your assigned ETP Development Analyst will require specific information relating to this agreement and the trainees that are covered by the collective bargaining agreement. ***This information is used exclusively for ETP internal planning purposes. By providing an estimate, you are NOT impacting your eligibility or funding priority.***

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9. **Please indicate the number of trainees that you are intending to include in a proposed ETP-Funded training program?** Please estimate the total number of trainees that you are intending to include in a proposed ETP-Funded Training Program. ***This information is used exclusively for ETP internal planning purposes. By providing an estimate, you are NOT impacting your eligibility or funding priority.***

10. **Please indicate the desired commencement date for the proposed ETP-Funded Training Program?** The Panel may occasionally assign your RED to any one of its four regional field offices based upon anticipated workload and available development resources. ***This information is used exclusively for ETP internal planning purposes. By providing an estimate, you are NOT impacting your eligibility or funding priority. The assignment of your RED to the Regional does NOT authorize your company to begin an ETP-funded training program.***

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